

TENNESSEE DEPARTMENT OF EDUCATION
APPLICATION FOR RENEWAL OF APPRENTICE OCCUPATIONAL EDUCATION LICENSE

Last Name		First Name		Middle/Maiden		Teacher Number	
Social Security Number		Email Address		Telephone Number		Date of Birth	
						* Race * Sex	
Street/P.O. Box				City		State	
						Zip Code	

_____ **NAME/ADDRESS CHANGE**

**OPTIONAL - Statistical Information Only*

(provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal change of name.)

PLEASE READ CAREFULLY BEFORE SIGNING

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Permit (since the Tennessee License or Permit was last issued or renewed):

- | | | |
|---|-----------|----------|
| 1. Have you been convicted of a felony (including a conviction or plea of nolo contendere)? | _____ YES | _____ NO |
| 2. Have you been convicted of the illegal possession of drugs and/or narcotics? | _____ YES | _____ NO |
| 3. Have you falsified or altered documentation required for licensure? | _____ YES | _____ NO |

Signature _____ Date _____

ARE YOU A VETERAN?

_____ YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.com) _____ NO

MUST MEET "A" OR "B" OPTION:

VERIFICATION OF CURRENT INDUSTRY CERTIFICATION MUST BE SUBMITTED WITH ALL RENEWALS

_____ **A.** I have an Apprentice Occupational License and have not taught three years within the five-year validity period of the license, I am enclosing:

- ☐ Verification of two years of occupational competency related to your endorsement area earned within the past five years.

OR

- ☐ Sixty clock hours of attendance at professional or technical workshops related to your endorsement area within the past five years.

AND

- ☐ An official transcript showing completion of one appropriate industrial or professional education course taken from the eighteen semester hours required for advancement. (If all eighteen semester hours required for advancement have been completed and/or previously used for renewal purposes, then current course work is required.)

(See page 2 for current course work requirements)

_____ **B.** I have an Apprentice Occupational License and have taught three years within the five-year validity period of the license but have not met advancement requirements, I am enclosing:

- ☐ An official transcript showing completion of one appropriate industrial or professional education course taken from the eighteen semester hours required for advancement. (If all eighteen semester hours for advancement have been completed and/or previously used for renewal purposes, then current course work is required.)

(NOTE: ALL DOCUMENTATION MUST BE SUBMITTED IN ONE PACKET WITH APPLICATION)

TENNESSEE DEPARTMENT OF EDUCATION

Office of Teacher Licensing
 4th Floor, Andrew Johnson Tower
 710 James Robertson Parkway
 Nashville, TN 37243-0377
 Telephone (615) 532-4885

Course work for Renewal of Apprentice Occupational Educational Licenses

1. Course work must be from the eighteen semester hours required for advancement. The courses must be taken at any of the approved institutions offering the occupational program.
(East Tennessee State University, Lincoln Memorial University, Middle Tennessee State University, Tennessee Board of Regents, Tennessee Technological University, University of Memphis and University of Tennessee Chattanooga)
2. If all eighteen semester hours have been completed and/or previously used for renewal purposes, then current course work is required.
3. Courses must be in either professional or industrial education or in an endorsement area on the license, or in computer science/computer technology or any foreign language.

ACCEPTABLE TEACHING EXPERIENCE FOR RENEWAL

1. Verified administrative, supervisory, and teaching experience in a public school operated by a local education agency in the United States and its possessions.
2. Verified administrative, supervisory, and teaching experience in public schools or non-public schools approved by recognized accrediting agencies. (Accrediting or approval agencies are the State Departments of Education and/or Southern, Middle States, North Central, New England, Northwest, and Western Associations of Schools and Colleges.) The burden of proof rests with the individual.
3. Employees of the Tennessee Department of Education who held a valid Tennessee license during the period of employment for which experience is requested.
4. Verified administrative, supervisory, and teaching experience in a college and/or university as a full-time employee (paid full salary) and as a voting member of the faculty. The institutions must be accredited by recognized accrediting agencies. (Accrediting agencies are the State Departments of Education and/or Southern, Middle States, North Central, New England, Northwest, and Western Associations of Schools and Colleges.) Graduate assistantships are excluded. The burden of proof rests with the individual.
5. Educators who enter active military service (not reserves or guard) while possessing a valid Tennessee teacher's license may have years of service added to the period of validity of the license. Experience is earned on a year for year basis to a maximum of four (4) years. The educator must be discharged from military service before such experience may be applied toward the extension.
6. Verified administrative, supervisory, and teaching experience in Kindergarten through twelve grade schools or any combination thereof operated by the United States Government either within or outside of the United States.
7. Verified teaching experience of teacher in public schools (K-12) on a foreign exchange basis.

OFFICE OF TEACHER LICENSING EXPERIENCE VERIFICATION FORM

This form does not need to be completed for experience which has been accrued at a Tennessee Public School, unless experience is for the current school year. Use this form in reporting non-public school teaching experience accrued in Tennessee, public and non-public school teaching experience accrued outside of Tennessee, and administrative or teaching experience in approved colleges and universities.

IMPORTANT: Please keep a copy of this form. You will need to give a copy to your superintendent when you are employed.

Name	Social Security Number	Teacher Reference Number
School System	State	School System's Telephone Number

EXPERIENCE RECORD (Please list experience yearly beginning with July 1 and ending June 30.)

Name of School	Position and Grade Level	School Year		Time Served		Full Time or Indicate % Part Time
		Start Date Mo/Day/Yr	End Date Mo/Day/Yr	Month(s)	Day(s)	

The above school system or college was fully approved or accredited by the _____ at the time service was performed.

(State Department of Education or Assoc. of Colleges & Schools)

_____ Public School _____ U.S. Govt. School _____ Private School
 _____ Full Time Member of College or University Faculty

I hereby certify that the above listed experience is a true and correct copy of the records on file for the teacher named above. ***(This form must be signed by an official from the school system central office.)***

Signature _____ **Title** _____ **Date** _____

Address			
Street/P.O. Box	City	State	Zip Code

Email Address	Telephone Number
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**VERIFICATION OF OCCUPATION EXPERIENCE
AND
PROFESSIONAL/TECHNICAL WORKSHOPS**

Use this section to report occupational work experience. The information should indicate the place of work, the type of work, and the dates of work, including the hours per week. The statement must be signed by the employer and notarized. In lieu of this form, the educator may submit a signed statement on company letterhead.

Place of Work	Type of Work	Dates of Work	Hours per Week

Employer Signature

Date

Address

Sworn before me this _____ day of _____, 20_____.

Notary Signature

My commission expires _____.

(Seal imprint required)

Use this section to verify attendance of professional/technical workshops. Include the name of the workshop, the location, the date, and the hours attended. The statement should be signed by the Vocational Director or the Director/Superintendent of Schools.

Name of Workshop	Location of Workshop	Date of Attendance	Hours Attended

Signature of Vocational Director or Director/Superintendent of Schools

Date